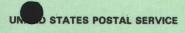
JB DOGM S 053 007	4 26 99
SENDER: Complete items 1 and 2 when additional services are desired, and complete it as 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)	
3. Article Addressed to:	4. Article Number
SCOTT GUBLER 1414 E 3850 S PO BOX 336 ST GEORGE UT 84770	P 074 976 684 Type of Service: Registered Insured Cortified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X Dala M Saura 7. Date of Delivery	
S Form 1877 Mar 1000 A 110000 A 1000 A40 AGE BOMECTIO DETURN PROFIRE	



OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

P 074 976 684

RECEIPT FOR CERTIFIED

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to SCOTT GUBLER Street and 14014 E 3850 S PO BOX 336 P.O. State and ZIP Code ST GEORGE UT 84770 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt showing to whom and Date Delivered Return Receipt shows to whom, Date, and Address of Delivery TOTAL Postage and pres 2 8 1999 Postmark or Date SPS - 84199

PS Form 3800, June 1985

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